

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/586768</i>	FILING DATE					
							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3					/		53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	/	↓	↓	TOTAL IND.						
TOTAL DEP.			←	10	←	←	TOTAL DEP.						
TOTAL CLAIMS			11				TOTAL CLAIMS						